

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/914166

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		0				
7		0				
8		0				
9	1					
10		1				
11		2				
12		2				
13		2				
14		0				
15		0				
16	1					
17		1				
18		2				
19		2				
20		2				
21		0				
22		0				
23		1				
24		0				
25		0				
26		0				
27		1				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		1				
35		1				
36		2				
37		2				
38	1					
39		1				
40		2				
41		2				
42		0				
43		0				
44	1					
45		1				
46		1				
47		3				
48		3				
49		0				
50	1					
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		↓	46	↓		↓
TOTAL CLAIMS			50			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS